

GENERAL INFORMATION PACKAGE

I. TYPE OF ASSISTANCE REQUESTED

Amount of Assistance Requested: \$

Proposed Security: ☐ Wastewater revenues and fund ☐ Water revenues and fund ☐ Other:

Project Type(s): ☐ Wastewater ☐ Water Recycling ☐ Estuary ☐ Nonpoint Source

II. APPLICANT INFORMATION

Applicant Name:

Street Address: City: State: Zip+4 Code:

Applicant Type: ☐ Public ☐ Indian Tribe ☐ Nonprofit ☐ Other: Specify

Charter City/County: ☐ Yes ☐ No

Mailing Address: City: State: Zip+4 Code:

Congressional District(s):

State Senate District(s):

State Assembly District(s):

County: Federal Tax ID No.:

Data Universal Numbering System (DUNS) No.:

Regional Water Board where the project will take place: ☐ 1 (North Coast) ☐ 2 (San Francisco Bay)
☐ 3 (Central Coast) ☐ 4 (Los Angeles) ☐ 5 (Central Valley) ☐ 6 (Lahontan) ☐ 7 (Colorado River)
☐ 8 (Santa Ana) ☐ 9 (San Diego)

Authorized Representative Name, Title:

Phone No.: ()

Email Address:

Contact Person Name:

Phone No.: ()

Email Address:

Local Counsel Name:

Phone No.: ()

Email Address:

III. PROJECT INFORMATION AND PROPOSED SCHEDULES

Project Description: *(Enter a brief description of the project)*

Project Title:

NPDES Permit or WDR Order No. (if applicable):

Current Year Estimated Population Served:

State Use Only

CWSRF Project #

Project Manager

Date Received

	Estimated or Actual Date
Estimated Project Schedule: Complete Construction Application	_____
1) General Information Package	_____
2) Technical Package	_____
3) Environmental Package	_____
4) Financial Security Package	_____
Complete Project Plans and Specifications	_____
Advertise Bids	_____
Issue Notice to Proceed	_____
Complete Construction	_____

Consultation with Other Agencies

Please list other Federal and State agencies that have been involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.), their contact information if known, and estimated dates for resolution of any issues.

Partnering Agencies

Please list all other agencies that have an interest in this project. Provide contact information if known.

IV. ESTIMATED PROJECT CAPITAL COSTS AND FUNDING SUMMARY

Cost Classification	Amount Requested in this Application (\$)
A. Facilities Planning (a)	\$ _____
B. Facilities Design (a)	\$ _____
C. Construction Management (a)	\$ _____
D. Value Engineering (a)	\$ _____
E. Administration (a)	\$ _____
F. Facilities Construction Total	\$ _____
G. Contingency	\$ _____
H. Pre-Purchase Material/Equipment	\$ _____
I. Land and Right-of-Way (b)	\$ _____
J. Other Costs (Explain: _____)	\$ _____
K. Total Project Costs	\$ _____
(a) Soft costs may be provided for planning, design, value engineering, construction management, and administration costs.	
(b) For wastewater and water recycling projects, Land and Right-of-Way costs are not eligible.	
Portion of the Total Project Costs that will serve existing facilities and/or existing communities	\$ _____
Portion of the Total Project Costs that will serve new development	\$ _____

V. TECHNICAL SPONSORSHIP

If the Division were to set up a technical sponsorship program, would you be interested in providing in-kind technical assistance to another CWSRF applicant in exchange for special financing? Note that checking "Yes" in no way obligates you to participate in this potential program or guarantees that this incentive will be available or offered.

☐ Yes ☐ No

If Yes, please indicate the areas where you would be willing to provide assistance:

- ☐ Assistance in completing a funding application
- ☐ Assistance in writing a facilities plan/project report
- ☐ Assistance in developing a Capital Improvement Plan
- ☐ Assistance in conducting a water or energy audit
- ☐ Assistance in building Operations & Maintenance capacity
- ☐ Other: Specify _____

VI. SUSTAINABILITY

A project that supports or incorporates one or more of the following sustainability goals receives one priority point for each area addressed.

Label the requested documents as Attachment G1, G2, G3, etc.

<input type="checkbox"/>	The project supports infill development or results in the reuse or redevelopment of land in an area presently served by transit, streets, water, sewer and other essential services. G1 – Provide a map highlighting the infill or redevelopment areas.
<input type="checkbox"/>	The applicant maintains a Capital Improvement Plan, an Asset Management Plan, or has performed a full-cost pricing analysis, or the project incorporates climate change adaption. G2 – Provide copies or links to these plan or analysis.
<input type="checkbox"/>	The project protects environmental or agricultural resources such as farm, range and forest lands; wetlands and wildlife habitats; recreational lands such as parks, trails, and greenbelts; or landscapes with locally unique features or areas identified by the state as deserving special protection. G3 – Provide a map highlighting the areas that will be protected.
<input type="checkbox"/>	The project is cited in one or more regional environmental management plans. G4 – Provide copies or links to these plans.
<input type="checkbox"/>	The project incorporates wastewater or storm water/urban runoff recycling, water conservation, energy conservation, low impact development, or reduced use of other vital resources. G5 – Explain the reason for the energy savings and the expected energy savings.
<input type="checkbox"/>	The project uses low-impact treatment for lower lifecycle operating costs through reduced energy, chemical, or other inputs. G6 – Explain the reason(s) for the reduced operating costs.

CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: _____ Title: _____

Signature of Authorized Representative: _____ Date: _____